

sion of this virus is cursory in the extreme, and the comments about antibody testing for HTLV-III/LAV being directly analogous to hepatitis B serology could easily misinform.

The clinical component of this cassette is superficial: the description of Kaposi's sarcoma states only that the lesions are often "multiple and non-descript". The section on presenting symptoms muddles symptoms caused by the virus itself with those secondary to opportunistic infection. This is an important error, as failure to differentiate presenting signs and symptoms may lead to a dangerous delay in diagnosis.

Throughout this cassette there are unpleasant references to homosexual men, implying that their sexual behaviour is aberrant and has resulted in the development of AIDS. The author contrasts this with the "unlucky" haemophiliacs and heterosexuals, who are victims of chance alone. I can find no sympathy for this attitude.

There are too many inaccuracies and distortions in this cassette to mention in this review. I can only summarise by suggesting that a further edition of this cassette/lecture, which actually addresses to the title, would be of value to general practitioners.

Jonathan Weber

Sexually transmitted diseases. Edited by King K. Holmes, Per-Anders Mårdh, P. Frederick Sparling, and Paul J. Wiesner, 1984. McGraw-Hill, New York. Pp 1079. Price £59.95.

It goes without saying that in the past there have been books concerned with just about all aspects of sexually transmitted diseases. None, however, matches this for its depth and breadth of coverage. The editors are to be congratulated on bringing together 103 other contributors who have provided 81 chapters on every possible aspect of the subject, culminating in a textbook that, quite frankly, was sorely needed. The book begins with an historical approach and continues with the behavioural and epidemiological aspects of sexually transmitted diseases, the normal structure and physiology of the male and female urogenital tracts, followed by sexually transmitted diseases and aetiological agents (34 chapters). Then comes the approach to common clinical syndromes and to special clinical problems in reproduction and perinatology, laboratory diagnosis, pharmacology, control strategies, and finally an appendix of treatment guidelines. Inevitably in a book of this kind there is some duplication of the subject matter but if this is a weakness it can be tolerated because each

chapter is detailed, self contained, and well referenced. Furthermore, the index of 41 pages in three columns enables easy access to the required information. The book is massive in every sense but should not be considered as one for libraries and departments only. Every individual seriously involved in some aspect of the sexually transmitted diseases should have a copy. At current prices the book is a bargain, more so because it contains 105 colour plates on eleven pages. Like all textbooks, however, it will become outdated. Hopefully the editors will have sufficient energy to induce the contributors to keep it abreast of the field.

David Taylor-Robinson

Decision making in urology. By M I Reswick, A A Caldamone, and J P Spirmak, 1985. B C Decker, Ontario, Canada. Pp 218. Price not known.

This is a book of algorithms intended for the evaluation of either symptoms (such as urinary incontinence), clinical signs (such as renal mass), or clinical settings (such as acute renal failure). In the midst of topics on general urological problems are a number of sections appertaining to genitourinary medicine, including algorithms on urethritis, epididymitis, and certain specific sexually transmissible infections. These sections were unfortunately written by authors clearly lacking experience in the management of these conditions. This is demonstrated both by errors of fact but also, more tellingly, by an obvious lack of appreciation of certain basic principles. No mention is made of the importance of a properly taken sexual history, so that in the section on epididymitis the various aspects are divided according to age, whereas the real differentiating factor is recent sexual activity. Thus the algorithm suggests that patients under 20 years of age are not at risk for infection with *Chlamydia trachomatis*, but rather, should undergo scrotal exploration for suspected testicular torsion. An appreciable proportion of teenagers are sexually active, and therefore the possibility of infection with *C. trachomatis* and other sexually transmissible organisms must be considered.

Other basic principles receive inadequate emphasis. For example, in the section on urethritis, the author writes "(the diagnosis of gonorrhoea) can be confirmed by appropriate culture," instead of **must** be confirmed by appropriate culture. In the treatment of herpes, "topical steroids are best avoided". This should read "topical steroids are contraindicated". A glaring omission, again in the section on urethritis, is the failure to mention

the necessity for contact tracing. In the section on syphilis, a single dose of benzathine penicillin is proposed as adequate treatment for latent syphilis. The author also erroneously states that serological tests for syphilis will become negative after treatment. Failure to appreciate that continuing seropositivity is the norm may result in unnecessary repetition of treatment. Bearing in mind the inadequate treatment schedule advocated, however, this may be no bad thing!

Writing an algorithm on prostatitis is a thankless task in that there is little consensus on either the diagnosis or the management of this condition. That said, I must take exception to yet another author advocating prostatic massage as part of treatment. No one would suggest that massage should be used as an adjunct in the treatment of urethritis or epididymo-orchitis, so why should the prostate gland be subjected to this unpleasant and degrading practice? Similarly, I cannot accept that radical transurethral resection is appropriate treatment of chronic prostatitis, particularly as many of these patients are young and may hope to father children in the future.

As to the rest of the book, there is coverage of a wide range of surgical and medical urology, most of which I would not presume to criticise. I was a little surprised that there was no algorithm on urinary tract infection in men. I would have included this subject before a section on Cushing's syndrome, in which incidentally, there is a very poor explanation of how functional tests differentiate between the various causes of the syndrome.

In summary, I cannot recommend this book for anyone seeking information on the management of conditions related to genitourinary medicine.

G Scott

Pocket consultant: urology. By H N Whitfield, 1985. Blackwell Scientific Publications, Oxford. Pp 220. Price £7.50.

There has been continuous development, particularly in the methods of investigations, diagnosis, treatment, and management of urological patients. Some of the advances have been so fast that many feel they have fallen behind. The book represents an up to date experience and opinions and recommendations for the investigation and treatment of urological patients. The advice regarding the practical aspects is good and covers the topics systematically. The reproduced radiographs are generally good with a few exceptions.